

#4

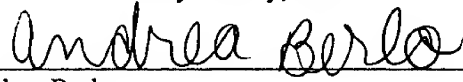
PATENT
Attorney Docket No. CMM-013
(5352/14)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Ward et al.
SERIAL NO.: 09/980,552 GROUP NO.: Not Yet Assigned
FILING DATE: April 26, 2000 EXAMINER: Not Yet Assigned
TITLE: Computerized Ordering System

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Box PCT, United States Patent and Trademark Office, Washington, DC 20231 on this 1st day of May, 2002.


Andrea Berlo

Commissioner for Patents, Box PCT
United States Patent and Trademark Office
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal Form (1 page);
Fee Transmittal (1 page);
Notification of Missing Requirements Under 35 U.S.C. 371 In The United States Designated/Elected Office (DO/EO/US) (2 pages);
Copy of Executed Declaration and Power of Attorney (3 pages);
Check in the amount of \$65.00; and
A return receipt postcard.

BEST AVAILABLE COPY

TRANSMITTAL FORM

Application Serial Number	09/980,552
Filing Date	April 26, 2000
First Named Inventor	Ward
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket No.	CMM-013

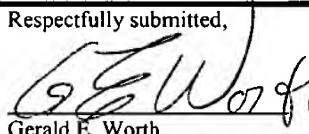
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Copy of Notification of Missing Requirements Under 35 U.S.C. 371 In The United States Designated/Elected Office (DO/EO/US) <input checked="" type="checkbox"/> Copy of Executed Declaration and Power of Attorney
--	--	--

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

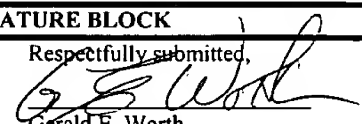
Respectfully submitted,

 Date: May 1, 2002
 Reg. No. 45,238
 Tel. No.: (617) 310-8176
 Fax No.: (617) 248-7100
 Gerald E. Worth
 Attorney for Applicants
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

FEE TRANSMITTAL FY 2002

Complete if Known

Application Serial Number	09/980,552
Filing Date	April 26, 2002
First Named Inventor	Ward
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket No.	CMM-013

BEST AVAILABLE COPY

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																
<p>1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.</p> <p>3. <input type="checkbox"/> Applicant claims small entity status.</p>	<p>3. ADDITIONAL FEES</p> <table style="width: 100%;"> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 15%;">Small Entity Fee (\$)</th> <th style="width: 50%;">Fee Description</th> <th style="width: 20%;">Fee Paid</th> </tr> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>65.00</td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>400</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>920</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1440</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1960</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>320</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>320</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>280</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>740</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>740</td> <td>370</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify) _____</td> <td></td> <td></td> </tr> </table>	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	130	65	Surcharge - late filing fee or oath	65.00	50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte reexamination		110	55	Extension for reply within first month		400	200	Extension for reply within second month		920	460	Extension for reply within third month		1440	720	Extension for reply within fourth month		1960	980	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		130	130	Petitions to the Commissioner		180	180	Submission of Information Disclosure Statement		740	370	Filing a submission after final rejection (37 CFR 1.129(a))		740	370	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		Other fee (Specify) _____				Other fee (Specify) _____			
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																														
130	65	Surcharge - late filing fee or oath	65.00																																																																														
50	25	Surcharge - late provisional filing fee or cover sheet																																																																															
130	130	Non-English specification																																																																															
2,520	2,520	Request for ex parte reexamination																																																																															
110	55	Extension for reply within first month																																																																															
400	200	Extension for reply within second month																																																																															
920	460	Extension for reply within third month																																																																															
1440	720	Extension for reply within fourth month																																																																															
1960	980	Extension for reply within fifth month																																																																															
320	160	Notice of Appeal																																																																															
320	160	Filing a brief in support of an appeal																																																																															
280	140	Request for oral hearing																																																																															
130	130	Petitions to the Commissioner																																																																															
180	180	Submission of Information Disclosure Statement																																																																															
740	370	Filing a submission after final rejection (37 CFR 1.129(a))																																																																															
740	370	For each additional invention to be examined (37 CFR 1.129(b))																																																																															
100	100	Certificate of Correction for applicant's error																																																																															
Other fee (Specify) _____																																																																																	
Other fee (Specify) _____																																																																																	
<p style="text-align: center;">FEE CALCULATION</p> <p>1. FILING FEE</p> <table style="width: 100%;"> <tr> <th style="width: 15%;">Large Entity Fee (\$)</th> <th style="width: 40%;">Fee Description</th> <th style="width: 45%;">Fee Paid</th> </tr> <tr> <td>740</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>330</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>160</td> <td>Provisional filing fee</td> <td></td> </tr> </table> <table style="width: 100%;"> <tr> <th style="width: 15%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 55%;">Amount</th> </tr> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$280.00 =</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL:</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </table> <p>2. AMENDMENT CLAIM FEES</p> <table style="width: 100%;"> <tr> <th style="width: 15%;">Claims Remaining After Amend.</th> <th style="width: 15%;">Highest No. Previously Paid For</th> <th style="width: 15%;">Present Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 40%;">Fee Paid</th> </tr> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td></td> <td>+ \$280.00 =</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </table>	Large Entity Fee (\$)	Fee Description	Fee Paid	740	Utility filing fee		330	Design filing fee		160	Provisional filing fee		Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =	x \$ 18.00 =		Independent Claims	- 3 =	x \$ 84.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 =		TOTAL:				SMALL ENTITY DISCOUNT:				SUBTOTAL (1)			(\$)	Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 18.00 =		Indep.	-	=	x \$ 84.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =		TOTAL:				(\$)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)				(\$)	<p style="text-align: right;">SUBTOTAL (3) (\$ 65.00)</p> <p style="text-align: right;">SUBTOTAL (1)</p> <p style="text-align: right;">SUBTOTAL (2)</p> <p style="text-align: right;">SUBTOTAL (3) 65.00</p> <p style="text-align: right;">TOTAL (\$ 65.00)</p>					
Large Entity Fee (\$)	Fee Description	Fee Paid																																																																															
740	Utility filing fee																																																																																
330	Design filing fee																																																																																
160	Provisional filing fee																																																																																
Number Filed	Number Extra	Rate	Amount																																																																														
Total Claims	- 20 =	x \$ 18.00 =																																																																															
Independent Claims	- 3 =	x \$ 84.00 =																																																																															
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 =																																																																															
TOTAL:																																																																																	
SMALL ENTITY DISCOUNT:																																																																																	
SUBTOTAL (1)			(\$)																																																																														
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																																													
Total	-	=	x \$ 18.00 =																																																																														
Indep.	-	=	x \$ 84.00 =																																																																														
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =																																																																														
TOTAL:				(\$)																																																																													
SMALL ENTITY DISCOUNT:				(\$)																																																																													
SUBTOTAL (2)				(\$)																																																																													
<p style="text-align: center;">CORRESPONDENCE ADDRESS</p> <p>Direct all correspondence to:</p> <p style="text-align: center;">Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100</p>	<p style="text-align: center;">SIGNATURE BLOCK</p> <p style="text-align: center;">Respectfully submitted,  Gerald E. Worth Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110</p> <p>Date: May 1, 2002 Reg. No.: 45,238 Tel. No.: (617) 310-8176 Fax No.: (617) 248-7100</p>																																																																																